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| Approved For Release 2006/11/13 CIA FOD75 00399 REPORTS INVENTORY PREPARE IN DUPLICATE | | | | | | | DDS/OF-123 |
| 1. TITLE OF REPORT (if a fill-in report include Form No.) | | | | | | | 2. TYPE X STATISTICAL |
| Report of Representation and Operational Entertainment | | | | | | | |
| Keport of | represe | antation and Op | Clautoi | ICL LIL | , 1 000111 | | REPORT MACHINE-NAME LISTING |
| 3. FUNCTIONAL AREA | | PERSONNEL | | TRAINING | | | ADMIN. GENERAL |
| | | LOGISTICS | | SECURITY | | | OTHER (specify) |
| | | MEDICAL | X | FINANCE | | | |
| 4. NO. OF COPIES PREPARED | | 5. FREQUENCY (week | ly, month | onthly, quarterly, etc.) | | | 6. DISTRIBUTION (No. of components not number of copies) |
| 5 | | Annual l y | | | | 2 | |
| 7. FORMAT (memorandum, form computer print-out, etc) | | 8. ADP PROCESSING 9. DIF | | | | RECTIVE AUTHORITY REQUIRING REPORT | |
| | | YES IF YES GIVE ADP PROCESSING NO. | | | | 25X1 | |
| Memoran | | X NO | | | | | |
| 10. PREPARING COMPONENT (include lowest level II. FEEDER REPORTS (State total number and identify by Title, contributing information to report) Form No., or nomenclature. Attach separate sheet if necessary.) | | | | | | | |
| contributing information to report) Form No., or nomenclature. Attach separate sheet if necessary.) | | | | | | | |
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| | | | 12. | COST FA | CTORS | | |
| | | A. MANITAI | | RATION | | | V COSTS |
| GRADE | HOURLY RATE | OURLY HOURS PER | | COST PER X TIMES REPORT X PREPARED | | | GOST PER YEAR |
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| | | 200 | d150 | \$1521.00 | | | \$1,521.00 |
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| 16 00101575 25 | TALLED MOT | ELOATION FOR THIS DE | EDORT /:- | *ddi+lon | to dire | ect Ive | or authority cited in item 9). IF KNOWN, |
| INCLUDE DATE | E REPORT WAS | FIRST STARTED AND | COMPONENT | WHO ESTA | LISHED | REQUI | |

User Costs included in report prepared by Accounts. Division.